

New CFSS program to replace PCA and CSG

Personal Care Assistants (PCA) and Consumer Support Grants (CSG) are scheduled to be replaced by Community First Supports and Services (CFSS) on October 1, 2024. The new program offers more flexibility to families and incorporates the features of CSGs, leading to the discontinuation of the CSG program. Individuals on waivers who receive PCA care will also be placed on CFSS. The table below highlights the upcoming differences between the old program and the new one.

	PCA/CSG or waived services + PCA	CFSS
Eligibility	Based on Activities of Daily Living (ADLs) — dressing, eating, toileting, bathing, mobility, hygiene, and transfers.	Same criteria as PCA/CSG.
Behaviors	30 minutes of care per day if there is one dependency in ADL.	75+ minutes per day. No ADL needed.
Eligible providers	Traditional PCA: Hired by agency PCA Choice: Hired by parent or individual Parents and spouses can only be paid providers if on CSG.	All providers listed under PCA and individuals on CFSS who are capable of providing the services needed.
Covered services	Straight MA: PCA (traditional vs choice) Waiver services: PCA (same as above) CSG: Special therapies such as hippo, music and art therapy, special diet, and parent provider PCA. It also covers sensory equipment. CDCS: Similar to CSG coverage for individuals on waivers. There is a larger amount of funding and a preapproved plan with four categories. It will continue unchanged, without impact by CFSS.	Provider changes described above. No coverage for special sensory equipment or therapies previously covered under CSG. Goods and services under CFSS must replace the need for human assistance.

	PCA/CSG or waived services + PCA	CFSS
Consultation services provider	New service, not part of PCA.	A consultation services (CS) provider is required. They are not required to write the plan, but they must be available to assist. They also must approve expenditures and make sure all items in the plan are covered by MA/CFSS.
“Model” options	Traditional vs Choice or Consumer Support Grant.	Budget model or agency model.
Transition from PCA to CFSS	For existing participants, rolling implementation starts October 1, 2024, as individuals renew their MA at the same time they did a year ago. As transition to CFSS occurs, individuals will have three months to continue PCA as they make decisions and learn about CFSS.	All new intakes, starting October 1, 2024, will be entered directly into the new system.

When a family transfers to CFSS, they will be required to choose a budget model or an agency model. The amount of funds or units are identical between the two options. One is based on dollar amount and the other is based on units, which can be converted to dollars to purchase goods and services. In each model, the person directs their own care.

	Budget model	Agency model
What units are used for each plan, and how is that determined?	A dollar amount is calculated based on the qualifying Activities of Daily Living (ADL) dependencies, determined by the MN Choices evaluation. The only change is increased time for individuals with Level 1 behaviors from 30 to 75 minutes per day.	A number of units (15 minutes) based on needs identified by the MN Choices Assessment, specifically ADLs and behaviors.
Who administers the CFSS plan?	Financial management services (FMS) are hired to administer the plan.	The CFSS agency administers the plan, but must hire a FMS if good and services are purchased.
Who implements the plan?	Implementation by a qualified adult, such as a parent, spouse, or individual.	Implementation by the CFSS agency hired.

	Budget model	Agency model
What is involved in implementing a CFSS plan?	<p>The qualified adult (above) is the employer and is responsible for:</p> <ul style="list-style-type: none"> • Recruiting, hiring, training, supervising and scheduling workers. • Setting wages. • Arranging backup. 	<p>The agency is the employer, does everything listed under the budget plan, and chooses the Financial Management Service, if services are purchased.</p> <p>The individual being served has a say in hiring and scheduling.</p>
What period of time does a plan cover?	Plans require annual approval and must be renewed or rewritten every year.	Same as budget model; plans require annual approval.
How are resources used in the plan?	<p>Funds can be spent on PCA services, now called CFSS workers and other goods and services to assist the person with a disability.</p> <p>Goods purchased must be for the purpose of decreasing human services.</p>	<p>Allows funds to be converted to dollars to spend on goods needed to assist with a person’s disability. The remaining funds are used for the CFSS worker.</p> <p>Goods purchased must be for the purpose of decreasing human services.</p>
Who writes and approves the plan?	<p>Parents or consultation services can write a plan. Consultation services are needed to approve the plan.</p> <p>If the person is on a waiver or has a case manager, then the case manager must approve. Otherwise, the plan goes to the CFSS committee for approval.</p>	The agency develops and approves the plan.

Additional resources:

[Minnesota Department of Human Services \(DHS\): Community First Services and Supports \(CFSS\)](#)

- [CFSS consultation services providers](#)
- [CFSS resources](#)

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